

Admissions Office

One College Drive Calais, ME 04619

207-454-1000 Instate: 800-210-6932 Fax: 207-454-1092

Admission Deposit Form

Please return this form to WCCC with your \$75.00 admission deposit, within 30 days of receipt of your acceptance letter to secure your space in the program. Make your check or money order payable to Washington County Community College. For credit card use, contact Heather Smale, Student Account Representative 207-454-1025.

Last Name:	First Name:	M.I.:	
Mailing Address:	City:	State:	Zip:
	zon □ AT & T □ Tracfone □ Other	Text Upda	ites:YesNo
Student ID #:			
Program of Study: Date of Birth: EMERGENCY CONTACT			
Closest Living Relative/Spouse:			
Relationship:	Email address:		
Mailing Address:	City:	State:	Zip:
Phone Number:	Mobile Phone Number:		
Name of Health Insurance Company: Policy Number:			
Name of Policy Holder:			
LOCAL NEWSPAPER			
This information is used to publish academic successes of WCCC Students.			
Name of Newspaper:			
Mailing Address:	City:	State:	Zip:
Email address:			
Placement in the program of study is not secure upcoming semester charges and is not an additional to the secure of the secure o	ed until the admission deposit is received. Th		
Student Signature:		Date	o:
For Business Office Use Only			
Date Received:	Receipt #: Received	By:	
For Admission Office Use Only			
Processed:	Initials Date		